FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 2 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38750
Registrar's No. 10074

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOMER PHILLIPS (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 1816 O'FALLON (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BLANCHE WASHINGTON
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race Col
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAR (Month) 12 (Day) 1930 (Year)

8. AGE: Years 18 Months 8 Days 5 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. U (State or foreign country)
10. Usual occupation Student
11. Industry or business

MOTHER FATHER
12. Name SYLVESTES WASHINGTON
13. Birthplace (City, town, or county) LA. (State or foreign country)
14. Maiden name JULIA WILSON
15. Birthplace (City, town, or county) TEXAS (State or foreign country)

16. (a) Informant JULIA WASHINGTON
(b) Address 1816 O'FALLON
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23/48 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem
18. (a) Signature of funeral director E. A. GREEN
(b) Address 4214 DELMAR Blvd
19. (a) NOV 21 1948 (Date received by local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 17 year 1948 hour 1:45 minute A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Mellitus	
Due to	
Due to Col	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred L. Terry (M. D. or Coroner)
Address Deputy Coroner Date signed 11-19-48

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____, Registered Apprentice No._____, working under my personal supervision.

Signed Guyton W. Swan

Licensed Embalmer No. 4580

P. O. Address 4214 Delmar Blvd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

o. 2B
3-45
X43880

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10074

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether)
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Blanch Washington

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race B

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 12 1900
(Month) (Day) (Year)

8. AGE: Years 18 Months Days If less than one day hr. min.

9. Birthplace MO
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name
13. Birthplace
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 12-6-46 (b) J B Lasater
(Date received local registrar) (Registrar's signature)

SUPPLEMENTARY 17

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

38750